

**YOU MUST COMPLETE AND RETURN THIS DOCUMENT OR SUBMIT IT ONLINE IF YOU WISH TO
JOIN THE LAWSUIT**

CONSENT TO JOIN CLAIM FORM

Mohamad Farah, on behalf of himself and all other similarly situated v. LogistiCare Solutions, LLC Case No. 4:20-cv-00578-RK in the District Court for the Western District of Missouri.

CONSENT TO JOIN

My name is Maurice Latham (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 10/2018 (month, year) to on or about 01/2020 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:



Maurice latham

10/24/2021

Full Name (Print clearly)

Signature

Date

928 SUMMERSIDE CT, VIRGINIA, 23456-6373

Address

City/State/Zip

(757) 927-2325

Mlatham21@gmail.com

Telephone Number

Email Address

You must submit this form no later than January 3, 2022, to:

LogistiCare Wage and Hour Litigation
P.O. Box 26170
Santa Ana, CA 92799

Or, you may submit this form online by going to: transportationproviderlawsuit.com on or before January 3, 2022.

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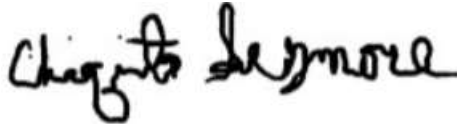
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CONSENT TO JOIN

My name is Chiquita Seymore (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 8/2009 (month, year) to on or about 9/2020 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:



CHIQUITA SEYMORE

10/21/2021

Full Name (Print clearly)

Signature

Date

3654 MARIBEL DR BATON ROUGE LOUISIANA 70812-4405

Address

City/State/Zip

(225) 921-8080

cdseym@yahoo.com

Telephone Number

Email Address

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CONSENT TO JOIN

My name is Dennis Blackmon (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 07/06/2017 (month, year) to on or about 08/20/2019 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

Dennis Blackmon  10/25/2021

Full Name (Print clearly)

Signature

Date

1326 SPRINGHURST DR, FLORISSANT, MISSOURI 63031-2433

Address

City/State/Zip

(314) 302-2499

d.m.enterprizes17@gmail.com

Telephone Number

Email Address

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CONSENT TO JOIN CLAIM FORM

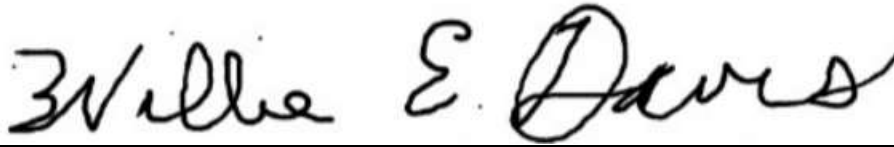
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CONSENT TO JOIN

My name is Willie E Davis (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about March 2013 (month, year) to on or about May 2019 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

Willie E Davis



10/21/2021

Full Name (Print clearly)

Signature

Date

143 ED SMITH RD MULLINS SOUTH CAROLINA 29574-7417

Address

City/State/Zip

(843) 615-7350

avistransportllc@yahoo.com

Telephone Number

Email Address

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CONSENT TO JOIN

My name is Zohair Mohammed (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about August 2018 (month, year) to on or about June 2020 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

ZOHAIR A MOHAMMED



10/20/2021

Full Name (Print clearly)

Signature

Date

801 VALLEY OAK DR GREENSBORO NORTH CAROLINA 27406-8225

Address

City/State/Zip

(336) 825-4688

zohairabdelatif@yahoo.com

Telephone Number

Email Address

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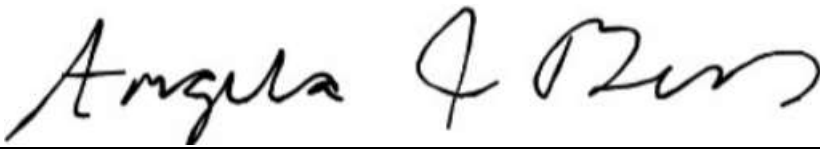
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CONSENT TO JOIN

My name is Angela Bess (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 01/01/2019 (month, year) to on or about 03/15/2020 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

Angela Bess		10/28/2021
Full Name (Print clearly)	Signature	Date
<hr/>		
14014 RAMPART CT. BATON ROUGE, LOUISIANA 70810-8100		
Address	City/State/Zip	
<hr/>		
(225) 439-4966	aftransportllp@gmail.com	
Telephone Number	Email Address	

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CONSENT TO JOIN

My name is Deborah L. Thomas (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 7/1/17 (month, year) to on or about 3/20/21 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

Deborah L. Thomas Deborah L Thomas 10/18/21
Full Name (Print clearly) Signature Date

143 Grayton Dr Smyrna, DE 19977
Address City/State/Zip

(302) 494-0960 Thomas9260@AOL.com
Telephone Number Email Address

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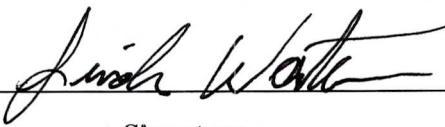
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CONSENT TO JOIN

My name is Linda Waters (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about 6/20 to 3/22 (month, year) to on or about 3/22 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

<u>Linda Waters</u>	<u></u>	<u>10-22-21</u>
Full Name (Print clearly)	Signature	Date
<u>6947 Dayton Rd</u>	<u>Jacksonville FL 32210</u>	
Address	City/State/Zip	
<u>904-380-1434</u>	<u>Linda.waters919@gmail.com</u>	
Telephone Number	Email Address	

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CONSENT TO JOIN

My name is Thomas Grant (print name). I was an In Network Transportation Provider for LOGISTICARE SOLUTIONS, LLC, from on or about November 2020 (month, year) to on or about March 2020 (month, year). By my signature below, I hereby authorize the filing and prosecution of claims in my name and on my behalf to contest LOGISTICARE SOLUTIONS, LLC'S alleged failure to pay me wages as required under federal law. I also authorize the filing of this consent in the event it needs to be refiled for procedural purposes. I specifically authorize the named Plaintiff, along with counsel of record for the named Plaintiff to prosecute this lawsuit on my behalf and to negotiate a settlement of the claims asserted in this case. I hereby consent, agree and opt-in to become a party plaintiff herein and be bound by any judgment of the Court or any settlement of this action.

Please print or type the following information:

Thomas P Grant II Thomas P Grant Oct 17, 2021

Full Name (Print clearly)

Signature

Date

1099 Princeton Park Dr Lithonia, Ga 30058-3070

Address

City/State/Zip

tgrant10999@gmail.com

Telephone Number

Email Address

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